

APR 05 2010
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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Valle	Richard	F.	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Kings County Board of Supervisors

Division, Board, District, if applicable:

District 2 Supervisor

Your Position:

County Supervisor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See Attachment

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of Kings

☐ City of

☐ Multi-County

☐ Other

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: / /

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is / / through December 31, 2009.

☐ Leaving Office Date Left: / / (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is / / through the date of leaving office.

☐ Candidate Election Year:

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/5/10
(month, day, year)

Signature _____
Official _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: right;">Richard F. Valle</div>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE <u>Semptra Energy</u>	
ADDRESS (Business Address Acceptable) <u>101 Ash Street</u>	
CITY AND STATE <u>San Diego, CA 92101</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____	
DATE(S): <u>02/11/09</u> - <u>02/11/09</u> AMT: \$ <u>90.00</u> <small>(if applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Food & Beverage at the Visalia Convention Center.</u>	

▶ NAME OF SOURCE _____	
ADDRESS (Business Address Acceptable) _____	
CITY AND STATE _____	
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____	
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE _____	
ADDRESS (Business Address Acceptable) _____	
CITY AND STATE _____	
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____	
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE _____	
ADDRESS (Business Address Acceptable) _____	
CITY AND STATE _____	
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____	
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(if applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

Comments: _____

RICHARD VALLE

Attachment to form 700 - 2009/2010

<u>Agency</u>	<u>Position</u>	Copy/Original
Elections	Board member	Original
KCAG (Kings County Assoc. of Govt's.)	Alternate	Original
KAPTA (Kings Co. Public Transit Auth.)	Alternate	Original
KWRA (Kings Waste & Recycling Auth.)	Alternate	Original
LAFCO (Local Agency Formation Commission)	Alternate	Original
Kings County Housing Authority	Board member	Original
Kings IHSS (In Home Supportive Services)	Board member	Original
Kings Building Board of Appeals	Board member	Original
Kings County Public Finance Authority	Board member	Original
Kings County Redevelopment Agency	Board member	Original
Child Abuse Prevention Coordinating Council	Board member	Original
Family Preservation-Support Board	Board member	Original